

M130000007387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

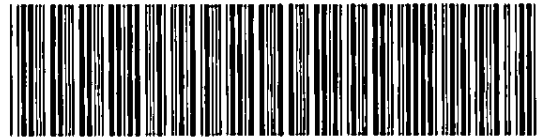
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/18--01058--023 **55.00

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2018 OCT 17 PM 11:50

10/30/18 ds



Sirote & Permutt, PC
2311 Highland Avenue South
Birmingham, AL 35205-2972

PO Box 55727
Birmingham, AL 35255-5727

Carolyn P. Jett
Paralegal
cjett@sirote.com
Tel: 205-930-5283
Fax: 205-313-0648

October 10, 2018

VIA US MAIL

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Wingspan Insurance Group, LLC
M13000007387

Dear Reader:

Enclosed are the original and one (1) copy of the Notice of Withdrawal of Certificate of Authority of the above-referenced foreign limited liability company, along with a check in the amount of \$55.00 to cover the filing fee and the cost of a certified copy.

Please file the Notice of Withdrawal of Certificate of Authority and return a stamped certified copy to me in the envelope provided.

Please contact me by telephone or e-mail with any questions or issues.

Thank you for your attention to this matter.

Yours very truly,

A handwritten signature in cursive script, appearing to read "Carolyn".

Carolyn P. Jett
Paralegal

CJ/ej
Enclosures

FILED
OCT 11 2018
TALLAHASSEE, FL
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wingspan Insurance Group, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolyn P. Jett

(Name of Person)

Sirote & Permut, P.C.

(Firm/Company)

2311 Highland Avenue South, Suite 500
(Address)

Birmingham, AL 35205

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn P. Jett at () 205 930-5283

(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|---|--|

FILED
MAR 17 1968
FBI - NEW YORK

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Wingspan Insurance Group, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/21/2013

(Date registered with Florida Department of State)

M13000007387

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Brian Corley

(Typed or printed name of signee)

Filing Fee: \$25.00

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2013 NOV 21 PM 11:56